



Online Banking

MyAccess Checking - 7201: Account Activity Transaction Details

Post date: 04/25/2013

Amount: -110.00

Type: Debit card

Purchaser: ADAM L RUSSELL

Description: CHECKCARD 0424 MARIETTA COMMUNITY
SCHO 770-429-3170 GA
24108383114207276200057

Merchant category: Schools and Educational Services - not
elsewhere classified

**Merchant category
code:** 8299

Expense category: Professional Services & Membership
Organizations



Online Banking

MyAccess Checking - 7201: Account Activity Transaction Details

Post date: 05/07/2013

Amount: -74.00

Type: Debit card

Purchaser: ADAM L RUSSELL

Description: CHECKCARD 0506 MARIETTA PHOTOTICKET
866-7904111 AZ 24717053126171268872737

Merchant category: Court Costs including Alimony and Child
Support

**Merchant category
code:** 9211

Expense category: Government Services



Online Banking

MyAccess Checking - 7201: Account Activity Transaction Details

Post date: 05/21/2013

Amount: -67.56

Type: Debit card

Purchaser: ADAM L RUSSELL

Description: CHECKCARD 0520 ALL PETS VET HOSPITAL I
DALLAS GA 24755423140161406263410

Merchant category: Miscellaneous and Specialty Retail Stores

**Merchant category
code:** 5999

Expense category: Miscellaneous Stores

Adams Collision, Inc.

Adams Collision, Inc.
63 Millhouse Drive
Hiram, GA 30141-3765

(770)222-2219
coreyadams1978@yahoo.com

Invoice

Date	Invoice No.
05/23/2013	1205
Terms	Due Date
Net 30	05/22/2013

Bill To
Adam Russell 404-642-4331

Amount Due	Enclosed
\$914.95	

✂ Please detach top portion and return with your payment. ✂

Activity	Quantity	Rate	Amount
• 2000 Chevy Suburban	1	750.00	750.00
• replace water pump and fuel filter	1	39.95	39.95
• Change oil	1	125.00	125.00
• diagnostics			
<p>paid in full 5/23/13 cash - \$914.95</p>			
Total			\$914.95



Online Banking

MyAccess Checking - 7201: Account Activity Transaction Details

Post date: 05/24/2013

Amount: -150.00

Type: Debit card

Purchaser: ADAM L RUSSELL

Description: CHECKCARD 0523 ALL PETS VET HOSPITAL I
DALLAS GA 24755423143171438001362

Merchant category: Miscellaneous and Specialty Retail Stores

**Merchant category
code:** 5999

Expense category: Miscellaneous Stores



Statement Date: 1/19/2014
Guarantor Name: Adam Lee Russell
Medical Record Number: 560797294
Payor Plan: BLUE CROSS - BCBS 101 /GA PPO
BLUE CHOICE

Interested in staying well? Get the latest health tips, news, and more on our new health information website at www.wellstar.org

GUARANTOR INFORMATION:

Adam Lee Russell
841 WILSON CIRCLE SW
MARIETTA, GA 30064

This is not a bill. This is an itemization of your services for:

Patient Name: Anna Bella Russell Admission 01/07/2014
Date:
Account ID: 30000146584 Discharge 01/07/2014
Date:
Guarantor ID: 156985

Current Account Charges: 528.00

Hospital Charges

Service Date	Service Location	Description	Quantity	Amount
01/07/2014	WS Kennestone Imaging Center at 700 Building (MIC) [103010]	HC XR CHEST FRONTAL & LATERAL 2VW	1	528.00

Total hospital charges: 528.00
Total hospital payments and adjustments: 0.00

130016



Mail Processing Center
PO Box 3475 Toledo, OH 43607-0475



RUSSELL ADAM LEE
841 WILSON CIR SW
MARIETTA, GA 30064-3006

WELLSTAR HEALTH SYSTEMS INC.
PO BOX 670747
ATLANTA, GA 30374-2616

MAKE CHECKS PAYABLE TO:

Pediatric Professionals
1880 West Oak Parkway
Suite 101
Marietta, GA 30066

IF PAYING BY CREDIT CARD, FILL OUT BELOW		
CHECK CARD USING FOR PAYMENT		
<input type="checkbox"/> AMERICAN EXPRE	<input type="checkbox"/> DISCOVER	<input type="checkbox"/> MASTERCAR <input type="checkbox"/> VISA
CARD NUMBER	CVV	AMOUNT
SIGNATURE		EXP. DATE
STATEMENT DATE	PAY THIS AMOUNT	ACCOUNT NBR
01/15/14	\$264.12	0031000000001345
SHOW AMOUNT PAID HERE \$		

STATEMENT

ADDRESSEE:

|||||
Russell, Anna Bella
841 Wilson Circle Sw
MARIETTA, GA 30064
USA

REMIT TO:

Pediatric Professionals
1880 West Oak Parkway
Suite 101
Marietta, GA 30066

☐ Please check box if above address is incorrect or insurance information has changed, and indicate change(s) on reverse side.

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT
(770) 795-8783

DATE	PATIENT	PROVIDER	SERVICE	DESCRIPTION OF SERVICE	CHARGE	INSUR RECEIPT	PATIENT RECEIPT	ADJUST	INSUR BALANCE	PATIENT BALANCE
06/04/12	Anna	Colon	99213	Office or other outpatient visi...	\$128.00	\$0.00	\$34.29	\$40.28	\$0.00	\$53.43
06/04/12	Anna	Colon	81002	UA Dipstick w/o Micro	\$10.00	\$0.00		\$6.43	\$0.00	\$3.57
01/16/13	Anna	Colon	87880	Rapid Strep	\$33.00	\$16.76		\$16.24	\$0.00	\$0.00
01/16/13	Anna	Colon	99213	Office or other outpatient visi...	\$128.00	\$91.45		\$36.55	\$0.00	\$0.00
07/03/13	Anna	Colon	99393	Periodic comprehensive prev...	\$170.00	\$129.94		\$40.06	\$0.00	\$0.00
07/26/13	Anna	Hoossainy	99213	Office or other outpatient visi...	\$147.00	\$0.00		\$51.82	\$0.00	\$95.18
09/10/13	Anna	Colon	99213	Office or other outpatient visi...	\$147.00	\$0.00		\$51.82	\$0.00	\$95.18
09/10/13	Anna	Colon	87880	Rapid Strep	\$33.00	\$0.00		\$16.24	\$0.00	\$16.76
11/13/13	Anna	Colon	90686	FLU VAC NO PRSV 4 VAL 3...	\$30.00	\$18.93		\$11.07	\$0.00	\$0.00
11/13/13	Anna	Colon	90471	Immunization administration ...	\$52.00	\$34.15		\$17.85	\$0.00	\$0.00
01/07/14	Anna	Colon	99213	Office or other outpatient visi...	\$147.00		\$30.00		\$117.00	\$0.00

Insert Message 3

ACCOUNT NBR	CURRENT	30 DAYS	60 DAYS	90 DAYS	120 DAYS	TOTAL ACCOUNT BALANCE
0031000000001345	\$117.00	\$0.00	\$0.00	\$207.12	\$57.00	\$381.12

PLEASE PAY THIS AMOUNT *** \$264.12

** PAYMENT DUE UPON RECEIPT * THANK YOU **
STATEMENT

PAGE: 1

PO BOX 411187
ST LOUIS, MO 63141-3187



31478 0101

PHONE: (877) 395-3125

9900

IF PAYING BY MASTERCARD, VISA OR AMERICAN EXPRESS		
<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> VISA	<input type="checkbox"/> AMERICAN EXPRESS
CARD NUMBER		
SIGNATURE		EXP. DATE
STATEMENT DATE	PAY THIS AMOUNT	ACCT. #
January 15, 2014	\$277.25	131862045
SHOW AMOUNT PAID HERE \$		

ADAM RUSSELL
2707 COUNTY LINE RD
ACWORTH, GA 30101-6921

MEDICREDIT INC.
P.O. BOX 411187
ST. LOUIS, MO 63141-3187

9900*SZ50R2A3T001418

of Accounts on file: 1
Total Balance on file: \$277.25
Primary Account #: 131862045
Creditor #: 15-490768-11147737

Creditor: PIEDMONT PHYSICIANS GROUP (PPG)

Dear Mr./Ms. Russell

****URGENT NOTICE ****

Our attempts to reach you by phone and mail have been unsuccessful. It is your responsibility to call us. Unless we hear from you within TEN days of the date of this letter, further collection activity may be required.

We now offer automatic check drafts. Call us for details. If you wish to pay this account with your credit card, please fill in the card number and date of expiration above or call the above number. There will be a \$20 service charge on all returned checks.

CLIENT	BALANCE DUE	CLIENT ACCT#
PIEDMONT PHYSICIANS GROUP (PPG)	277.25	15-490768-11147737

For your convenience you have the option to pay by Credit Card or electronic check (ACH) payments. There will be a \$4.95 Third Party Transaction Fee for using this option. This Third Party fee will appear separately on your credit card holder or bank statement. Transaction fees do not apply to CT, CO, MA, MN, WA, WI, and WY states. Payments via check through the mail are not subject to the Third Party Transaction Fee.

This letter is an attempt from a debt collection agency to collect a debt and any information obtained will be used for that purpose.

See Reverse For Important Information.

Debt Collector

Office Hours: 8AM-9PM Monday - Thursday 8AM-7PM Friday 9AM-1PM Saturday

PAY ONLINE: WWW.MEDICREDITCORP.COM

04



PO Box 3475
Toledo, OH 43607-0475



005530 0101

To Contact Us:
(404)785-5589

125 01

ADAM RUSSELL
2435 ANDERSON ESTATES CT
MARIETTA, GA 30064-5056



IF PAYING BY MASTERCARD, DISCOVER, VISA OR AMERICAN EXPRESS, FILL OUT BELOW.

CHECK CARD USING FOR PAYMENT		
<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> DISCOVER	<input type="checkbox"/> VISA
<input type="checkbox"/> DISCOVER	<input type="checkbox"/> VISA	<input type="checkbox"/> AMERICAN EXPRESS
CARD NUMBER		SIGNATURE CODE
SIGNATURE		EXP DATE
STATEMENT DATE 1/28/14	PAY THIS AMOUNT \$298.79	ACCT. # 5000057659

Page: 1 of 1

SHOW AMOUNT
PAID HERE \$

500333

CHILDREN'S HEALTHCARE OF ATLANTA
PO BOX 116210
ATLANTA, GA 30368-6210



Date of Service	Description	Charges	Payments/ Adjustments	Patient Balance
12/28/13	Acct #300104769 AIDAN WYATT RUSSELL Professional Outpatient			
	Professional Charges	403.00		
	TOWN CENTER UC, Krishna V Eechampati 12/28/13	47.00		
	CPG RADIOLOGY, Jonathan M Loewen 12/28/13			
	UNITED Payments		-24.28	
	UNITED Adjustments		-126.93	
	Professional Total	450.00	-151.21	298.79

Thank you for using Children's Healthcare of Atlanta.

To pay your bill online, please visit www.choa.org/pa

Summary Of Activity

Charges	450.00
Payments/Adjustments	-151.21
Amount Due Now	298.79

